




## COMMUNITY HEALTH GRANTS

The Office of Women's and Children's Health, Community Health Services Program released a new Request for Grant Application (RFGA) on October 6, 2006. The RFGA process will provide more flexibility to the grant recipient regarding the services provided to the various communities throughout the state of Arizona. The scope of work can be molded to better fit the needs of the community and will have the freedom of being more easily adjusted as community needs change. In addition, the RFGA allows for greater communication between the

Offeror and the Grantor during the negotiation process. All applications will be expected to follow the Arizona Logic Model as a measurable way of providing the chosen health outcomes.

The three priority areas addressed by this RFGA are to: reduce obesity and overweight among women and children; reduce preventable infant mortality; and reduce the rate of injuries, both intentional and unintentional. The first one-year funding cycle will begin on January 1, 2007.

It is anticipated that approximately \$1,500,000 will be available each year over the next four years to fund programs that fit within these three broad priority areas.

The RFGA proposals are due on November 17, 2006. You may review the RFGA at the Arizona Department of Health Services, Procurement Office website, [azdhs.gov/procurement/grants.htm](http://azdhs.gov/procurement/grants.htm) or contact the Arizona Department of Health Services, Procurement Office. 

## CORD BLOOD COLLECTION

A new bill (HB 2286) passed by the Arizona State House of Representatives requires health professionals to inform patients about their options regarding umbilical cord blood. This blood, which is usually discarded along with the placenta and umbilical cord itself, contains stem cells unique to the baby and its family. Cord blood banking provides a unique biological safeguard, which can come in handy later in life. Additionally, there is little to no risk to the baby or the mother during the collection process, the blood can be collected after a vaginal or cesarean birth, and the procedure is quick and painless.

After delivery, a woman's options are to either discard the stem cells, donate them to a public umbilical cord blood bank, store the cells in a family umbilical cord blood bank for use by immediate and extended family members, or store them for family use through a family or sibling donor


banking program that provides free service where there is a medical need.

The blood is stored in cryogenic freezers, where it is ready to be used as soon as needed. Unlike other transplants, stem cells are much more primitive than those in bone marrow or peripheral blood, and have a lower risk of causing graft versus host disease. This means that transplants to biologically unrelated patients do not require a perfect match.

As part of the new legislation, the Arizona Department of Health Services is now responsible for creating an informational pamphlet detailing the following:

- Process involved in collecting umbilical cord blood.
- Any medical risks

- Current and potential medical uses to the biological family
- Current and potential medical uses to biologically unrelated people
- Costs incurred by collection
- Options for ownership and future use of collected material

See [parentsguidecordblood.org](http://parentsguidecordblood.org) for more information about cord blood. 

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## STALKING AND DOMESTIC VIOLENCE

When someone decides to leave an abusive partner, the relationship does not necessarily end. The estranged partner may begin stalking him/her—a behavior that is unsettling at the least, and can be terrifying. The consequences can be dangerous, even fatal. Arizona statute (ARS §13-2921) defines stalking as “conduct directed at a specific person which would cause a reasonable person to be seriously alarmed, annoyed or harassed and the conduct in fact seriously alarms, annoys or harasses the person.” Violation of the statute is a class one misdemeanor.

Here are some things to consider when working with a stalking victim:

Stalking relies on intimidation, fear, and isolation. Encourage victims not to handle the situation alone. A stalker may depend on the victim's reluctance to ask for help. Ask the family to involve everyone they can think of, starting with the police. Have them contact neighbors and ask them to keep an eye out. Tell the neighbors to contact the police immediately if they observe any suspicious activity around the victim's home. If victims have children in school, have them ask school personnel to report stalking behavior. Talk with other family members and

enlist their help. Encourage open discussion with employers, have calls screened at work, and report any stalking behavior involving the place of work.

If you or someone you know is a victim of domestic violence and/or stalking, please call your local domestic violence shelter for help.

### Maricopa County

Contacts Shelter Hotline  
(Provides bed availability information)  
(602) 263-8900  
(800)-799-7739

### Outside Maricopa County

Arizona Coalition Against Domestic Violence (AzCADV)  
(602) 279-2900  
(800) 782-6400  
(800) 787-3224 (TDD)


National 24-Hour Hotline  
(800) 799-7233  
(800) 787-3224 (TDD) for help locating the nearest shelter

Explore the option of an *order of protection* (or *harassment injunction*). While it is only a piece of paper, it is documentation that will help the legal system work for the victim. Stalking

victims should keep the order of protection with them at all times and make copies for their employer and children's school(s).

Stress the importance of documenting *everything*! This means keeping a log of the date, time, and type of incident. If the victim has the ability, they should record telephone conversations and take pictures and videos. Stalking is very hard to prove. The more documentation a victim has, the easier it will be to convince law enforcement and the courts.

Develop a safety plan. Part of that safety plan might include an alternative place to live for a short period of time. Keep emergency numbers up-to-date and easily accessible. Include numbers to local domestic violence shelters.

Remind victims that they are not alone! Domestic violence affects many people. National statistics show that one in three women has been, will be, or is currently involved in a violent relationship. There are many programs available that offer counseling, support groups, shelter, legal advocacy, and other needed services. 

### Online Resources

[endabuse.org](http://endabuse.org)

Health, domestic violence, and battered immigrant issues

[ncadv.org](http://ncadv.org)

Links page to many web sites and resources nationally

[nwnetwork.org](http://nwnetwork.org)

Gay, lesbian, bisexual, and transgender population

[elderabusecenter.org](http://elderabusecenter.org)

Elder abuse issues

[cpsdv.org](http://cpsdv.org)

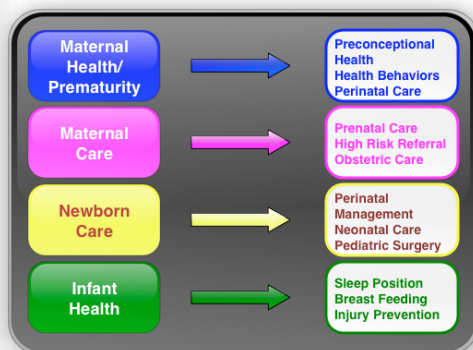
Sexual assault and domestic violence; focus on religious response to domestic violence

October is Domestic Violence Awareness Month



## PERINATAL PERIODS OF RISK

The Perinatal Periods of Risk (PPOR) analysis is an innovative tool for identifying excess fetal-infant mortality or potentially preventable deaths among population groups. PPOR results guide further investigations and target interventions. PPOR categorizes fetal and infant deaths into four periods of risk based on the age at death and birth weight. The figure below shows each of the four periods of risk with corresponding risk factors and areas to focus prevention efforts.



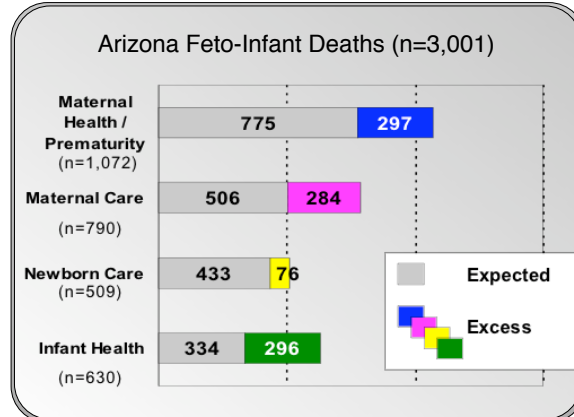
PPOR identifies excess fetal-infant deaths by comparing death rates among subgroups to a reference group known to have good birth outcomes. For the Arizona PPOR 2000-2003 analysis, the reference group is defined as White, non-Hispanic women age 20 or older with 13 or more years of education.

The following is a summary of the results from the Arizona PPOR 2000-2003 analysis. Among the 2000-2003 birth cohort, there were a

total of 3,001 fetal-infant deaths and an overall fetal-infant death rate of 8.6 per 1,000 live births and fetal deaths. This compares with a death rate of 5.9 deaths per 1,000 for the reference group. The excess death rate was 2.7 per 1,000 or 953 potentially preventable deaths. Overall, 32 percent of fetal and infant deaths in Arizona were excess (953/3001).

The upper-right figure shows the breakdown of both expected and excess deaths for the 2000-2003 birth cohort by periods of risk. The maternal health/prematurity period stands out as having the highest number of combined expected and excess deaths. However, there were three periods that had very similar numbers of estimated excess or preventable deaths, which were the maternal health/prematurity, maternal care and infant health periods.

The figure below illustrates the percent of fetal-infant deaths for the 2000-2003 birth cohort that were excess by subpopulation. African Americans had the highest percentage of excess fetal-infant deaths (62 percent) compared to other racial groups. For women age 36 and older, 50 percent of deaths were excess. Women with 12 or less years of education had a higher percentage of excess fetal-infant deaths (40

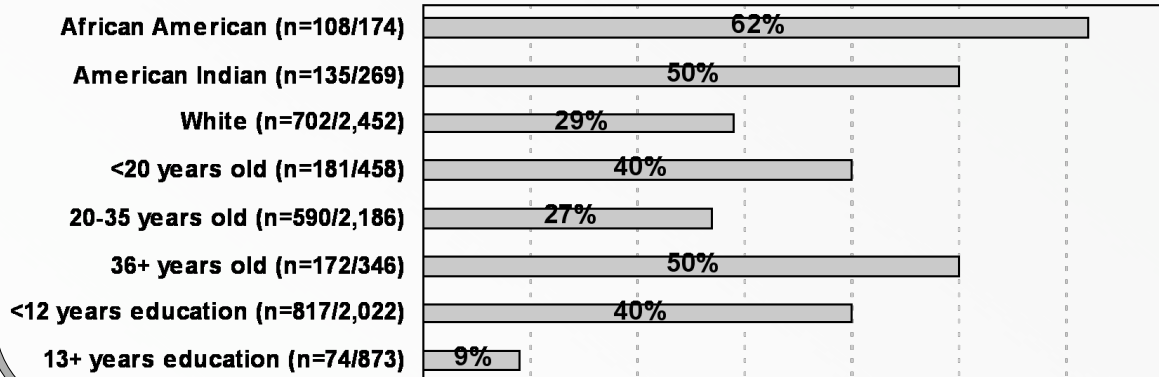


percent) than women with 13 or more years of education (9 percent).

The PPOR analysis indicated that there were three important periods of risk to focus on in preventing fetal-infant mortality in Arizona. To reduce excess deaths in the maternal health/prematurity period, interventions should be focused on preconceptional health, health behaviors before pregnancy, and perinatal care. Strategies for interventions in the maternal care period should include prenatal care, health behaviors during pregnancy, and obstetric care. Intervention areas for the infant health period should include injury prevention, sleep position, and breastfeeding.

For comprehensive results and a detailed description of the PPOR methodology, please refer to the full PPOR report on the OWCH website at [www.azdhs.gov](http://www.azdhs.gov).

### Estimates of Percent Excess Feto-Infant Deaths, Arizona 2000-2003





## PRECONCEPTION CARE

Most people are unaware of the importance preconception care has on improving birth outcomes. The Centers for Disease Control and Prevention (CDC) defines preconception care as “a set of interventions that identify and modify biomedical, behavioral, and social risks to a woman’s health and future pregnancies”. Preconception care activities include the prevention and management of risk factors such as substance use, smoking, and poor nutrition. Spacing pregnancies and family planning are also key components of preconception care.

The Perinatal Periods of Risk analysis underscores the importance of preconception care in reducing premature births and infant deaths. Preconception care is important to all women of childbearing age for several reasons; 1) almost half of all pregnancies in the United States are unintended 2) a number of women may not realize they are pregnant during the first 10 weeks of pregnancy when the fetus is most vulnerable to developing a variety of problems 3) prenatal care typically begins at week 11-12 of gestation which is too late to prevent several health problems that can affect the mother and her baby.

The Centers for Disease Control and Prevention convened a summit of experts in June 2005 to develop recommendations for preconception care. These recommendations were issued in the April 21, 2006 issue of the Morbidity and Mortality Weekly Report. The report includes four goals and ten recommendations with specific action steps that lay out a strategic plan for integrating precon-

ception care into the health care system. The recommendations are extensive and encompass consumer awareness, individual reproductive health plans, interventions when risks are identified, preventative visits, research of promising practices

and risk assessment tools from other states and collaborating with our partners to strategize on how can implement the CDC preconception recommendations and action steps.

### Online Resources

#### Centers for Disease Control and Prevention

[cdc.gov/ncbddd/preconception/default.htm](http://cdc.gov/ncbddd/preconception/default.htm)


#### USA Today Article

[usatoday.com/news/health/2006-05-08-preconception-care\\_x.htm](http://usatoday.com/news/health/2006-05-08-preconception-care_x.htm)

#### Association of State and Territorial Health Officials

[astho.org/pubs/FactSheet-PreconceptionCare-FINAL.pdf](http://astho.org/pubs/FactSheet-PreconceptionCare-FINAL.pdf)

and integrating preconception care into current public health programs. The Office of Women’s and Children’s Health has taken several steps to promote preconception care in Arizona including; providing time limited funding to the Phoenix Chapter of the Black Nurses Association (BNA) to increase awareness of preconception care among African Americans; incorporating preconception care into the Women’s and Children’s Community Health Grants convening an internal workgroup to develop action steps for integrating preconception care into existing programs such as Health Start, Community Health Nursing, Family Planning, and the County Prenatal Block Grant; gathering information regarding preconception care programs

Research now recognizes that while early and consistent prenatal care is critical to identifying and managing perinatal complications, improving a woman’s health prior to becoming pregnant is a primary prevention strategy for avoiding poor birth outcomes. The only way any benefit will arise from this research is to make the term preconception care and its definition as familiar to the entire medical profession and general public as “vitamins” and “immunizations”. It will take time and a concerted effort by everyone in the health care field to integrate preconception care into all appropriate venues but the end result, a decrease in prematurity and infant deaths, make it worth the investment. 

## IN OTHER NEWS...

*The Injury Surveillance and Prevention Plan for the State of Arizona 2006-2010* is now available online:

[azdhs.gov/phs/owch/pdf/injury\\_plan\\_06-10.pdf](http://azdhs.gov/phs/owch/pdf/injury_plan_06-10.pdf)

## COMMUNITY HEALTH NURSING

The High Risk Perinatal Program (HRPP) recently received an increase in funding from the Arizona Legislature. A significant portion of these funds are committed to the Community Health Nursing (CHN) component of HRPP; for the minimum provision of four annual home visits to "at-risk" children enrolled in the program. The HRPP has amended CHN contracts statewide as all have demonstrated the ability to provide these increased services.


Community Nursing Services facilitates the transition of the developmentally "at-risk" child and family from the newborn intensive care unit to their home and community. Periodic monitoring of the child's medical

and developmental needs identifies infants who would benefit from referral to early intervention programs. Through these home visits, the family receives support and education as well as referrals to appropriate community resources.

Additional funds will be utilized in providing a statewide perinatal system evaluation. This evaluation will look at the services currently being provided throughout Arizona and make recommendations for program enhancement.

The HRPP will be working closely with Arizona pediatricians to promote the usage of Parents Evaluation of Developmental Status (PEDS), an in

office developmental screening tool that can be completed by families and reviewed during their regular doctor visit. Physicians have long been interested in providing this service in a manner that is beneficial for families and physician's practices.

The HRPP will be creating a Developmental Resource Guide. This guide is to be utilized by healthcare professionals who have determined a child in their practice would benefit from additional developmental services. The guide will allow them to locate the services available in the family's community. 

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## NEW EMPLOYEES SINCE OUR LAST EDITION



**Tia Davis**  
Data Manager  
Assessment and Evaluation



**Megan Raymond**  
Administrative Assistant  
Assessment and Evaluation



**Michael Whyte**  
Program Manager  
Community Health Program



**John McElligott**  
Follow Up Specialist  
Newborn Screening



**Erika Garcia**  
Administrative Assistant  
Community Health Services